

NOV 23 1937

MISSOURI STATE BOARD OF HEALTH  
BUREAU OF VITAL STATISTICS  
CERTIFICATE OF DEATH

Do not use this space.

38787

1. PLACE OF DEATH

County St. Louis

Registration District No. 790

Township Clayton

Primary Registration District No. 60332

City Clayton

(No. St. Louis County Hospital)

File No.

Registered No. 358

St. Ward

2. FULL NAME Frank Kilfoy

(a) Residence, No. 6222 Plymouth, Wellston, Mo. St. Ward.

(Usual place of abode)

(If nonresident, give city or town and State)

Length of residence in city or town where death occurred 10 yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

MEDICAL CERTIFICATE OF DEATH

3. SEX

male

4. COLOR OR RACE

white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)

single

5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF

6. DATE OF BIRTH (MONTH, DAY, AND YEAR)

Oct. 25, 1869 (given)

7. AGE

67

yr.

66

not

given

Age given as 70 yr. of birth min.

8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc.

janitor

9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

St. Marys, Canada

13. NAME

Frank Kilfoy

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Canada

15. MAIDEN NAME

Ann? Reagan

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)

Canada

17. INFORMANT (ADDRESS)

Chas. J. O'tooke, 6222 Plymouth, Wellston, Mo.

18. BURIAL, CREMATION, OR REMOVAL

PLACE Waverly DATE Oct 4 1937

19. UNDERTAKER (ADDRESS)

W. J. F. Taylor, 1223 Waverly, St. Louis, Mo.

20. FILED

10/27/37

Registrar

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 10-1-37, 19

22. I HEREBY CERTIFY, That I attended deceased from

9-28-37 to 10-1-37, 19

I last saw him alive on 10-1-37, 19

Death is said to have occurred on the date stated above, at 8:00 A.M.

The principal cause of death and related causes of importance were as follows:

acute Epidemic Encephalitis 9/25/37

Other contributory causes of importance:

terminal Bronchopneumonia

Name of operation

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signature) W. J. F. Taylor M.D.

(Address) St. Louis County Hospital

